

MEDICATION ADMINISTRATION POLICY

Reason This Policy is Important: Inevitably, some children will require medication while in the childcare setting. The process for handling and administering medications must be well structured and carefully followed in order to ensure that the interests of the children and the providers are best served. When possible, a child's parents and physician should try to minimize the need for medications while in childcare. Medicines ordered twice a day should normally be given before and after, rather than during, childcare hours. Medications ordered to be given three times daily also may be planned so that they are given in the morning before the child leaves for childcare, in the afternoon after the child returns home, and again during the evening. However, in some cases, administration of medications during childcare hours is unavoidable.

Procedure and Practices, including responsible person(s):

Medication Consent

_____ (staff title/name) will administer medication only if the parent or legal guardian has provided written consent (Medication Administration form); the medication is available in an original labeled prescription or manufacturer's container that meets the safety check requirements.

1. Prescription Medication

- Parents or legal guardians will provide the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication;
- the date the prescription was filled;
- the name of the health care provider who wrote the prescription;
- the medication's expiration date;
- and administration, storage, and disposal instructions.

2. Nonprescription Medication

- parents or legal guardians will provide the medication in the original container.
- the medication will be labeled with the child's first and last names;
- specific, legible instructions for administration and storage supplied by the manufacturer;
- there must also be a signature and instruction from the child's medical provider regarding the administration of the nonprescription medication.

3. Instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given will be provided to the child care staff in writing (by a signed note or a prescription label) by the health care provider. This requirement applies both to prescription and over-the-counter medications (Medication Administration form)

4. A health care provider may state that a certain medication may be given for a recurring problem, Emergency situation, or chronic condition or prevention. Example: sun screen, acetaminophen, Epi-pen. (Record of Medication Order form)

- The instructions should include the child's name;
- the name of the medication;
- the dose of the medication;
- how often the medication may be given;
- the conditions for use;
- any precautions to follow; and
- potential side effects;
- A child may only receive medication with the permission of the child's parent or legal guardian.

Medications for chronic conditions such as: Asthma or allergies

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For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed monthly. An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

Emergency supply of medication for chronic illness:

For medications taken at home, we ask for a three-day supply to be kept with our disaster kit in case there is a situation in which children are not able to return home for an extended time.

Staff Documentation:

1. Staff administering medications to children will be trained in medication procedure by _____ (staff title/name) and record of training will be kept in staff's file.
2. Staff giving medications to will document the time, date and dosage and route of the medication given on the child's Medication Administration Form and will sign each time a medication is given. Notation of failure to provide medication, at the prescribed time as requested by a physician or parent will also be noted.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Staff will provide a written explanation why a medication was not given.
5. Outdated Medication Authorization Forms and documentation will be kept in the child's file.
6. Staff will only administer medication when all conditions listed above are met.

Medication authorization and documentation is considered confidential and must be stored out of general view.

Medication Storage:

1. Medication will be stored as follows:
 - Inaccessible to children, locked
 - Separate from staff or household medication
 - Protected from sources of contamination
 - Away from heat, light and sources of moisture (not in the kitchen or bathroom)
 - At temperature specified on the label (refrigerated if required)
 - So that internal (oral) and external (topical) medications are separated
 - Separate from food
 - In a sanitary and orderly manner
2. Controlled substances (i.e. Ritalin) will be stored in a locked container and stored _____ (location). Center implements the following system for tracking administration of controlled substances: _____.
3. Medications no longer being used will promptly be returned to parents/guardians or discarded.
4. Medication will not be used beyond the date of expiration on the container or beyond any expiration of The instructions provided by the health care provider. Instructions which state that the medication may be used whenever needed will be reviewed by the health care provider at least annually.

Self-Administration by Child

A school-aged child will be allowed to administer his or her own inhaler or Epi-pen when the above requirements are met AND:

1. A written statement from the child's Health Care Provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance
2. The child's medications and supplies are inaccessible to other children.
3. Staff must observe and record documentation of self-administered medications.

Medication Administration Procedure

1. **Wash hands** before preparing medications.
2. Medication errors will be controlled by checking the following six items each time medication is

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given:

- Right Child
 - Right Medication
 - Right Time
 - Right Dosage
 - Right Route
 - Right Documentation
3. Prepare medication on a clean surface away from diapering or toileting areas.
 4. **Do not add medication to the child's bottle or food.**
 5. For *liquid* medications, use clean medication spoons, syringes, droppers, or medicine cups that have measurements on them (not table service spoons) provided by parent/legal guardian.
 6. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
 7. **Wash hands** after administering medication.
 8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
 9. When a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.
 10. If bulk medications (diaper ointment and sunscreen) are used they will be administered in the following manner to prevent cross-contamination:
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When the Policy Applies:

This policy applies to children, parents, guardians, staff, and volunteers.

Communication:

This policy will be reviewed with parents upon application and a summary copy will be included in the parent handbook.

This policy will also be reviewed with staff at orientation and annual staff training.

References:

- American Academy of Pediatrics, PA Chapter, (2002) Model Child Care Health Policies, 4th Ed.
<http://www.ecels-healthychildcarepa.org>
- *Caring for Our Children* – <http://nrckids.org>

Reviewed by: _____ Director/Owner
_____ Health Professional (physician, nurse)
_____ Staff member
_____ Other (parent, advisory committee, police, CPS)

Effective Date and Review:

This policy is effective _____ and will be reviewed annually or as needed.

*This format is adapted from and used with permission of: National Training Institute for Child Care Health Consultants, UNC, 2000.

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